

Page 1 of 4 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct

024

Accident No.

MV-2016-024-011062

Complaint

Number

AMENDED REPORT

19  
4

20  
12

21  
13

22  
-

23  
1

24  
1

25  
1

26  
8

27  
1

28  
1

29  
-

30  
-

USE  
OFFICE  
STUFF

P

Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month: 12, Day: 4, Year: 2016	SUNDAY	17:10	2	1	0	<input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE 1	<input checked="" type="checkbox"/> VEHICLE 2	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN
-----------	---	------------------------------------	-------------------------------------	---

VEHICLE 1 - Driver License ID Number: 119072060 Driver Name - exactly as printed on license: CHEN, MARTIN, D Address (Include Number & Street): 110 WEST 94 STREET City or Town: NEW YORK State: NY Zip Code: 10025	VEHICLE 2 - Driver License ID Number: 073596870 Driver Name - exactly as printed on license: SCHULTZ, KENNETH, P Address (Include Number & Street): 95 ERICKSON DR City or Town: STAMFORD State: CT Zip Code: 06903
--	--

Date of Birth: 7/28/1974 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>	Date of Birth: 7/17/1941 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 2 Public Property Damaged: <input type="checkbox"/>
--	--

Name - exactly as printed on registration: CHEN, MARTIN, D Address (Include Number & Street): 110 WEST 94 STREET City or Town: NEW YORK State: NY Zip Code: 10025	Name - exactly as printed on registration: SCHULTZ, BARBARA, R Address (Include Number & Street): 95 ERICKSON DR City or Town: STAMFORD State: CT Zip Code: 06903
---	---

Plate Number: GBV6989 State of Reg.: NY Vehicle Year & Make: 2013 VOLKSWAGEN Vehicle Type: SEDAN Ins. Code: 711	Plate Number: 606WBT State of Reg.: CT Vehicle Year & Make: 2007 LEXUS Vehicle Type: SEDAN Ins. Code: 711
---	---

Ticket/Arrest Number(s): Violation Section(s):	Ticket/Arrest Number(s): Violation Section(s):
---	---

Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 Box 2 - Most Damage: 8 Enter up to three more Damage Codes: 9, 7	ACCIDENT DIAGRAM 1. REAR END 2. SIDEWIPES (same direction) 3. LEFT TURN 4. RIGHT TURN 5. HEAD ON 6. RIGHT TURN 7. SIDEWIPES (opposite)
Vehicle By: TOW ARRIFIC Towed: TO 308 EAST 126 STREET NY NY 10025	Vehicle By: TOW ARRIFIC Towed: TO 308 EAST 126 STREET NY NY 10025	Diagram Attached on Subsequent Page

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	Diagram of Vehicle 1 showing damage at rear end (Box 1 and Box 2).
---	--

Reference Marker	Coordinates (if available) Latitude/Northing: 40.790363 Longitude/Easting: -73.965645	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred: CENTRAL PARK WEST (Route Number or Street Name) at 1) Intersecting street: WEST 94 STREET (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <input type="checkbox"/> (Intersect, Nearest Intersecting Route Number or Street Name)
------------------	---	--

Accident Description/Officer's Notes: DRIVER OF V2 STATES HE PULLED OVER TO THE SIDE, DOUBLE PARKING, FOR AT LEAST 2 MINUTES TO DROP SOMEONE OFF WHEN V1 CRASHED INTO HIM FROM BEHIND CAUSING AN INJURY TO PASSENGER OF V2. V1 STATES HE WAS DRIVING STRAIGHT AHEAD AND DID NOT NOTICE V2 STOPPED. AIRBAG DEPLOYED IN V1 NO INJURIES. V2 STATES HIS HAZARDS WERE ON WHILE V1 DOESN'T REMEMBER IF HE SAW THEM ON. SGT ON SCENE. BOTH CARS TOWED BY TO ARRIFIC.
--

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	A	42	M	-	-	-	-	-	-	-	-	-	CHEN, MARTIN, D	
B	2	1	4	75	M	-	-	-	-	-	-	-	-	-	SCHULTZ, KENNETH, P	
C	2	3	4	74	F	6	12	6	-	-	-	-	7251	-	SCHULTZ, BARBARA	

Officer's Rank and Signature: POM Print Name in Full: DAVID CZECHOWSKI	Tax ID No.: 958459 NCIC No.: 03030 Precinct: 024	Post/Section: SGT CARMINE SEMIOLI	Date/Time Reviewed: 12/06/2016 08:22
---	--	-----------------------------------	--------------------------------------

## Page 2 of 4 Pages

Page 3 of 4 Pages

New York State Department of Motor Vehicles

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct

024

Accident No.

MV-2016-024-011062

Complaint

Number

☐ AMENDED REPORT

1	Accident Date Month: 12, Day: 4, Year: 2016		Day of Week SUNDAY	Military Time 17:10	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	VEHICLE - Driver License ID Number				State of Lic.		VEHICLE - Driver License ID Number				
3	Driver Name - exactly as printed on license				State of Lic.		Driver Name - exactly as printed on license				
4	Address (Include Number & Street)				Apt. No.		Address (Include Number & Street)				
5	City or Town				State		Zip Code		City or Town		
6	Date of Birth Month: , Day: , Year:				Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>		Date of Birth Month: , Day: , Year:	
7	Name - exactly as printed on registration				Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>		Name - exactly as printed on registration	
8	Address (Include Number & Street)				Apt. No.		Hes. Mst. Code		Address (Include Number & Street)		
9	City or Town				State		Zip Code		City or Town		
10	Plate Number				State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number		
11	Ticket/Arrest Number(s)				Violation Section(s)		Ticket/Arrest Number(s)				
12	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.		Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				
13	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes		ACCIDENT DIAGRAM 1 REAR END				
14	Vehicle By Towed To				Vehicle By Towed To		DIAGRAM ATTACHED ON SUBSEQUENT PAGE				
15	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No				
16	Reference Marker		Coordinates (if available) Latitude/Northing: 40.790363 Longitude/Easting: -73.965645		Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred: CENTRAL PARK WEST (Route Number or Street Name) at: 1) intersecting street WEST 94 STREET (Route Number or Street Name) or 2) _____ Feet Miles _____ (Milepost, Name of Intersecting Route Number or Street Name)						
17	Accident Description/Officer's Notes PASSENGER OF V2 TAKEN TO ST LUKES ACR #89641680.										
18	ALL INVOLVED										
19	Officer's Rank and Signature PGM Print Name in Full DAVID CZECHOWSKI										
20	Tax ID No. 958459 NCIC No. 03030 Precinct 024										
21	Post/Sector Reviewing Officer SGT CARMINE SEMIOLI										
22	Date/Time Reviewed 12/06/2016 08:22										

**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name		First		M.I.		Last Name		First		M.I.	
Address						Address					
Date of Birth Month Day Year			Telephone (Area Code) ( )			Date of Birth Month Day Year			Telephone (Area Code) ( )		
Last Name		First		M.I.		Last Name		First		M.I.	
Address						Address					
Date of Birth Month Day Year			Telephone (Area Code) ( )			Date of Birth Month Day Year			Telephone (Area Code) ( )		
Last Name		First		M.I.		Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address						Name:					
Date of Birth Month Day Year			Telephone (Area Code) ( )			Shield No.					

**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

Vehicle No. _____	Vehicle No. _____
Expiration Date _____	Expiration Date _____
VIN _____	VIN _____

**WITNESS (Attach separate sheet, if necessary)**

Name	Address	Phone

**DUPLICATE COPY REQUIRED FOR:**

<input type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input type="checkbox"/> Other City Agency (Specify)
<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit	

**NOTIFICATIONS:** (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)


<b>PROPERTY DAMAGED</b> (other than vehicles)	<b>OWNER OF PROPERTY</b> (include city agency, where applicable)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident <input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights						

**ACTIONS OF POLICE VEHICLE**

<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe)	

Rear End : MV-2016-024-011062

Reporting Officer : POM DAVID CZECHOWSKI

Reviewing Officer : SGT CARMINE SEMIOLI Reviewed Date : 12/06/2016 08:22

Vehicle1 Vehicle 2

